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			Application Number	10/053,04			
TRANSMITTAL FORM			Filing Date	January 1	January 15, 2002 Hellman, Ziv, Z		
			First Named Inventor	Hellman, 2			
•	OT CIM		Art Unit	2193			
			Examiner Name	Vu. Tuan	Δ		
(to be used for all correspondence after initial filing)							
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Affidavits/declaration(s)			Change of Correspondence Address		ļ	Letter Enclosure(s) (please Identify	
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Firm Name							
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	Jun Vie		************				
	Simon Kahn						
Date Jar	nuary 2-52006			Reg. No.	48249		
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Name (Print/Type) Simon Kahn

PTC/SB/17 (12-04v2)
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Date January 18, 2006

mation unless it displays a valid OMR control numba Complete if Known Effective on 12/08/2004. Consolidated Appropriations Act. 2005 (H.R. 4818) Application Number 10/053,045 **TRANSMIT** Filing Date January 15, 2002 For FY 2005 First Named Inventor Hellman, Ziv Z. Examiner Name Vu, Tuan A Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2193 TOTAL AMOUNT OF PAYMENT 125 Attorney Docket No. UNI-003-US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identity): Deposit Account Deposit Account Number: Deposit Account Name For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1 16 and 1.17

WARNING: Information on this form may become public, Credit card information abould not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fee (\$) Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 250 200 200 100 130 Design 100 50 65 200 Plant 100 300 150 160 80 Reissue 300 150 500 250 600 300 200 Provisional 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissucs) 360 180 Multiple dependent claims Fee Paid (\$) Multiple Dependent Claims Total Claims Extra Claims Fee (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) HP = highest number of independent claims paid for, it greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof ___ (round up to a whole number) x Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1 month extension 1.17(a)(1)- \$60 * Statutory Disclaimer 1.20(d) \$65 SUBMITTED BY Registration No. 48249 Telephone 703-486-1150 Signature (Attorney/Agent)

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